INVITED COMMENT

Commentary re: "A national survey of practice patterns in the noninvasive diagnosis of deep venous thrombosis"

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In this issue of the *Journal of Vascular Surgery*, Blebea and colleagues present the results of a national survey of vascular laboratory practice for the performance of unilateral versus bilateral duplex scanning in patients with unilateral leg symptoms who are suspected of having a lower extremity deep vein thrombosis (DVT). Such assessments of practice patterns are important, and this study was restricted to the laboratories that have been accredited by the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL). The ICAVL, as the largest vascular laboratory accrediting organization, has fostered the promulgation of practice standards and encourages research that might indicate how these standards are put into practice. The request made by Dr Blebea to survey the accredited laboratories was approved by the ICAVL Publications Committee and Board of Directors under the condition that the confidentiality of the laboratories be maintained. The ICAVL provided a mailing list for this project, and the surveyed laboratories were informed that participation was voluntary and was in no way associated with the accreditation process.

Among those laboratories that responded to the survey, 75% did not routinely scan both legs in patients with unilateral symptoms. On the basis of recall alone, the personnel from these laboratories believed that only a small proportion of patients returned to these laboratories with either DVT in the previously asymptomatic unscanned leg or with pulmonary embolism. This finding might suggest to some readers that unilateral scanning is the preferred approach in these patients, and yet this paper presents no data to support such an interpretation. Blebea and associates acknowledge the many limitations of their retrospective survey study design. For example, the responses were solely on the basis of the "recall" of clinical experience by those who completed the survey. There was no control over the reliability of the information provided or the consistency of the patient follow-up, and the choice of questionnaire responses was quite limited. Such a recall survey does not provide efficacy or outcomes data. Thus, this report contains no objective data on the true clinical event rates in patients at risk for venous thromboembolism, and, therefore, it cannot be used as the basis for practice guidelines. Only a carefully designed prospective study with complete follow-up can serve this purpose. At best, this survey provides only provocative opinions that reflect the current scope (and perhaps limitations) of vascular laboratory practice.

The ICAVL Board is concerned that some readers may incorrectly conclude that unilateral duplex scanning for lower extremity DVT is safe and effective. Such a conclusion would be especially unfortunate in this era of cost containment and the ubiquitous need to perform more examinations in less time. The accuracy and safety of unilateral scanning have not been prospectively assessed, and we would like to emphasize that recall-driven survey results, without a prospective quality assurance follow-up mechanism, do not establish either the safety or efficacy of unilateral leg scanning in this clinical setting. Blebea and colleagues suggest that ICAVL standards necessitate bilateral leg scanning in patients with suspected DVT.

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Although the ICAVL standards define a complete venous duplex scan examination as including both legs, these same standards state that unilateral leg scanning may be appropriate for specific indications. Laboratories that perform unilateral examinations are asked to provide a clinical algorithm describing how patients were selected for these limited studies.

Although the report by Blebea and associates cannot be used to justify unilateral venous duplex scanning in patients who are symptomatic with suspected DVT, it does serve as a call for the development of clinical guidelines for the use of unilateral venous duplex scanning in vascular laboratory practice.

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Please see the related article by Blebea et al on pages 799-806.